Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 83574NAB				
As below named inventor, I hereb	y declare that:					•					
My residence, post office address and citizen	-										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed											
below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
A CHRONOLOGICAL AGE ALTERING LENTICULAR IMAGE											
The specification of which (check only one i	tem below):			<u></u>							
X is attached hereto.											
was filed as United States Application Serial No. on and											
was amended on (if applicable).						,					
was filed as PCT international app											
I hereby state that I have reviewed and under	rstand the contents	of the above	identified specification,	including the	claims, a	s amended b	y any an	nendment			
referred to above.  I acknowledge the duty to disclose to the U.	C Datast & Tando	mark Office o	Il information known to	me to be mot	erial to r	atentahility	ac define	d in Title			
37, Code of Federal Regulations, §1.56.	5. Patent & Hade	mark Office a	in injoinadon known to	me to be mat	cital to p	аспаотку	as dellin	d in Tide			
I hereby claim foreign priority benefits und	er Title 35, United	States Code,	, §119 (a)-*d) or 365 (b)	of any foreig	n applica	ition(s) for p	atent or	inventor's			
certificate, or (365 (a) of any PCT internation	nal application(s)	which design	ates at least one country	other than the	United S	States of Am	erica, lis	ted below			
and have also identified below any foreign											
one country other than the United States of	America filed by n	ne on the sam	e subject matter having a	filing date be	elore tha	t of the appli	cauon(s)	or which			
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(	S) AND ANY PR	RIORITY CL	AIMS UNDER 35 U.S.C	C. 119:							
COUNTRY	APPLICATION NUMBE		DATE OF FILING		<del></del>	PRIORITY CLAIMED U	NDER 35 USC	§119			
(# PCI, indicate PCI)			(ппагозууна)	•		YES		NO			
						YES		NO			
						YES		NO			
7. 1 1 4 1 C4 1 TA 25 II	-ited States Code	110 S(e) of a	ny United States provisio	nal applicatio	n(s) liste	d below:					
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:  PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):											
PRIOR PROVISIONAL APPLICATION	(S) AND ANY PE	RIORITY CL	AIMS UNDER 35 U.S.								
PROVISIONAL APPLICATION NUMBER					FILING DATE (month/day/lyear)						
			'- II-it-1 States smaller	etion(s) or PC	T intern	tional applie	eation(e)	designatin			
I hereby claim the benefit under Title 35, Uthe United States of America that is/are lists	ad helow and inco	far as the sub	iect matter of each of the	claims of this	s applica	uon is not ai	sciosea	m wavws			
prior applications(s) in the manner provide Office all information known to me to be	d by the first para	graph of Title	: 35. 8112. l acknowledg	e the duty to	disclose	to the U.S. I	ratent &	I rademan			
between the filing date of the prior application	ion(s) and the nation	onal or PCT in	nternational filing date of	this applicati	on:						
PRIOR US APPLICATIONS OR PCT II	NTERNATIONAL	L APPLICAT	IONS DESIGNATING	THE U.S FC	R BENI	EFIT UNDE	R				
U.S. APPLICATIONS					STATUS (Check one)						
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PCT APPLICA	TIONS DESIGNATING	THE U.S.									
		U.S. SERIAL NUMBERS									
PCT APPLICATION NO.	PCT FILING DATE		ASSIGNED (if any)								
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		laration For Patent Applicatio	ATTORNEY DOCKET 83574NAB								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute											
this application and transact all business in the Patent and Trademark Office connected											
therewith.											
therewith.											
Se	nd Correspo	ondence to: Patent L	egal Sta	aff	Direct Telephone Calls to: (name and telephone number)						
			_	Company							
					Nelson A. Blish						
343 State Street					(585) 588-2720						
Rochester, NY 1				14650-2201	FAX: (585) 477-4646						
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
2	INVENTOR	Blish		Nelson	A. COUNTRY OF CITIZENSHIP						
0	RESIDENCE &	PESIDENCE & CITY CITIZENSHIP Rochester		STATE OR FOREIGN COUNTRY New York 14618 USA	USA						
		BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
1	BUSINESS ADDRESS	Eastman Kodak Company		343 State Street, Rochester	New York 14650 USA						
2	FULL NAME OF INVENTOR	FAMILY NAME Hawver		FIRST GIVEN NAME  Jeffery	R.						
	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
0	CITIZENSHIP	Rochester		New York 14623 USA	USA STATE & ZIP CODE (COUNTRY)						
2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester	New York 14650 USA						
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
2	INVENTOR	Tredwell		Timothy STATE OR FOREIGN COUNTRY	J. COUNTRY OF CITIZENSHIP						
0	RESIDENCE & CITIZENSHIP	Fairport		New York 14450 USA	USA						
	BUSINESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY) New York 14650 USA						
3	ADDRESS	Eastman Kodak Company		343 State Street, Rochester	SECOND GIVEN NAME						
2	FULL NAME OF INVENTOR	FAMILY NAME			COUNTRY OF CITIZENSHIP						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY							
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
<u> </u>	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
2	INVENTOR RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
0	CITIZENSHIP	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
5	BUSINESS ADDRESS			FIRST GIVEN NAME	SECOND GIVEN NAME						
2	FULL NAME OF INVENTOR	FAMILY NAME									
0	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
H.		a that all statements made herein o	of my own l	cnowledge are true and that all statemen	ts made on information and belief are believed to b						
1 4	J C	that those statements were mad	de with the	knowledge that willful laise statemen	is and the like so made are publishable by the						
in	nprisonment,	or both, under 18 U.S.C. 1001, an	d that such	willful false statements may jeopardize	the validity of the application or any patent issue						
thereon.			II cichiaris	RE OF INVENTOR 202	SIGNATURE OF INVENTOR 203						
SIGNATURE OF INVENTOR 201 SIGNATUR			SIGNATUR A	RE OF INVENTOR 202	1						
1 1 Kel		feng K Hawren	Tmothy IT redwell								
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<u></u>	SIGNATURE OF INVENTOR 204 SIGNATUR			RE OF INVENTOR 205	SIGNATURE OF INVENTOR 206						
"	J.M. ONE OF I										
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